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ABSTRACT

This guide provides Ohio parents of children with disabilities with information on multifactored evaluations. It begins by discussing the Intervention Assistance Team and what occurs at the assistance team meeting. It also explains that to begin the multifactored evaluation process, the parent must complete a "Request for Parent Consent for Evaluation." A multifactored evaluation is described as a way to gather information from many sources about the student's strengths, needs, and learning styles. Members of the evaluation team are listed and include the student's parent, the student's teacher, a person qualified to conduct individual diagnostic assessment of children, and one or more individuals who has knowledge of the suspected disability, along with typical child development and the general education curriculum. The rest of the guide provides information on: (1) parent participation and rights; (2) dissenting opinions; (3) independent evaluations; (4) reevaluation; (5) areas that are evaluated; (6) common tests used for evaluations; (7) common IQ tests; (8) test scores; (9) how to decipher the scores to determine student performance; and (10) eligibility criteria for special education services. Copies of forms are provided for each step in the evaluation process. (CR)

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ED 466 923

A GUIDE TO THE MULTIFACTORED EVALUATION

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The Ohio Coalition for the Education of Children with Disabilities (OCECD) is a statewide, nonprofit organization that serves families of infants, toddlers, children and youth with disabilities in Ohio, and agencies who provide services to them. OCECD works through the coalition efforts of the 58 disability organizations which comprise the Coalition.

Established in 1972 and staffed primarily by parents of children and adults with disabilities, persons with disabilities, and education professionals, the Coalition mission is to ensure that every Ohio child with special needs receives a free, appropriate, public education in the least restrictive environment to enable that child to reach his/her highest potential. Throughout Ohio, the Coalition's services reach families of children and youth with all disabilities.

OCECD's programs help parents become informed and effective representatives for their children in all educational settings. In addition, youth are assisted to become their own self-advocates. Through knowledge about laws, resources, rights and responsibilities, families are better able to work with agencies to ensure that appropriate services are received for the benefit of their sons and daughters.

Address: Bank One Building, 165 West Center Street, Suite 302, Marion, OH 43302-3741
Phone: (740) 382-5452 (Voice/TDD); (800) 374-2806 (Toll Free); (740) 383-6421 (Fax)

COALITION PROGRAMS FOR PARENTS AND SCHOOLS

F.U.N. – (Families Understanding Needs)
The training is led by professionals in a very inter-active and hands on approach. The newest techniques of brain based learning and the intelligences are incorporated into the trainings. The atmosphere is relaxed and small group opportunities are provided throughout the presentation. The FUN training consists of nine modules, each designed to meet the diverse needs of individual families

Parent Training and Information Center Project – Disseminates information to at least 500,000 parents, professionals, and members of the public regarding disability issues. Publishes the FORUM newsletter with subscriber support. Trains parent leaders from diverse parent organizations across the state to support families and to provide personal assistance.

Parent Involvement in Education Project – Supports local level efforts to connect families to appropriate services for their children with special needs, ages 5 – 21. Provides individual parent assistance as well as workshops on the IEP process, Section 504, IDEA '97, specific disabilities, classroom modifications, and other topics.

Technical assistance to **parent mentor projects** of the Ohio Department of Education is provided through statewide meetings, retreats, site visits and telephone consultations.

It's My Turn – Curriculum that promotes increased capacity of youth with disabilities to make choices and to advocate for themselves. Students gain the competencies to learn, work, live, and recreate in the community.

Printing made possible by U.S. Department of Education, Office of Special Education and Rehabilitation Services – P.L. 105-17 Individuals with Disabilities Education Act, through the Ohio Department of Education, Office for Exceptional Children. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement by the U.S. Department of Education should be inferred.

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WHAT IS THIS BOOK ABOUT?

If your child is having difficulty in school or has a disability, this book will talk about what you and the school can do to help your child receive the services he/she needs.

By law, all schools must have a plan in place to help parents through the process of identifying and recognizing children with a disability. This book will help you get started with the identification process.

This book will also walk you through the assessment and evaluation process by showing sample forms and giving you tips for filling them out.

As a parent, you know your child best. Sharing and working with your child's school will help develop an individualized educational program that best meets your child's learning needs.

Beginning the process is as easy as contacting your child's teacher or principal. They will be able to help you with your concerns and explain what to do. If you are not satisfied with their answer, follow up by writing a letter to the principal noting your concerns. Keep a copy. Mail the original letter to the principal **CERTIFIED MAIL**. This is important so that you will have a receipt to keep in your child's record file.

After you contact the school, the Intervention Assistance process begins.

INTERVENTION ASSISTANCE TEAMS ARE... (IAT, SAT, etc.)

WHAT? Intervention Assistance Teams are defined as a group of people that meet to develop ways to help a student who is having difficulty in school.

WHY? The student's difficulties are interfering with their learning/progress in school. These difficulties may be in the area of academics, communication, motor, behavior or other related areas (i.e. organization, self-help, test-taking, etc.)

WHEN? An Intervention Assistance Team is brought together once the School Age Request for Assistance is completed. (See page 7.)

WHO? Parents should attend. Other members of the team may include: principals, teachers, aides, school psychologists, school nurses, guidance counselors, and others.

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Teachers usually complete this form. You may be asked to fill in this form.

It must be **COMPLETELY** filled out.

If you do not know the answers to some of the questions, ask for someone to help you.

Once the form is **COMPLETED**, the law says the team MUST review your child's needs immediately.

Copies: Student/Building File

CI-204
(Page 1 of 5)

SCHOOL-AGE REQUEST FOR ASSISTANCE

Identifying Data

Name: _____ Father: _____
Date of Birth: _____ Address (if different than student): _____
Address: _____ _____
_____ Home Phone (if different than student): _____
Phone: _____ Work Phone: _____
Legal Guardian: _____ Mother: _____
Address (if different than student): ___ Address (if different than student): _____
_____ Home Phone (if different than student): _____
Phone (if different than student): _____ Work Phone: _____

Parents' Native Language (if not English): _____

Student's Native Language (if not English): _____

Student ID Number: _____

Building of Current Attendance: _____

Grade: _____ Present Teacher(s): _____

If the student or parent need assistive technology, environmental adaptation, or other such accommodations in order to attend meetings or understand the content of written and/or verbal information, please specify/explain: _____
_____

Reason for Request for Assistance: _____
_____

Educational History

Number of school districts attended: _____ Years at present school: _____

Attendance: ☐ Regular ☐ Irregular (explain) _____
_____

Is this student age-appropriate for grade level? ☐ Yes ☐ No

If No, Check all that apply
☐ Retained (specify grade) _____
☐ Started school late
☐ Held out of school by parent
☐ Unknown

Indicate any current or past supplemental programs/services (Title 1, Preschool, Reading Recovery, etc.) _____
_____

Attach copies of district test results (Proficiency, Competency-Based Education, etc.)

Background Information

CI-204
(Page 2 of 5)

A. Health Data

Do you suspect problems with ☐ Vision ☐ Hearing
Does the student ☐ Wear glasses ☐ Use hearing aid(s)
Does the student take medication ☐ Yes ☐ No

If Yes, specify type and purpose:

_____
_____

Does the student have any health/developmental/physical problems of which you are aware? ☐ Yes ☐ No

If Yes, explain: _____
_____

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school:

_____
_____

Areas of Educational Concern

Skill Areas: For each of the following, check areas of concern and describe the student's current levels of educational functioning in those areas as determined by current classroom-based assessments and observations. Attach additional pages as needed.

A. Academic

☐ Reading ☐ Written Language ☐ Other (specify): _____
☐ Content Areas ☐ Math

1. What specific skills does the student have in the above-checked areas?

_____
_____
_____

2. What specific skills does the student **not** have in the above-checked areas?

_____
_____
_____

CI-204
(Page 3 of 5)

3. What instructional approach has/is being used?

_____
_____
_____

4. How much instruction does the student receive (daily/weekly) and in what setting?

_____
_____
_____

5. What has been done to address the problem?

_____
_____
_____

6. How does performance in the above-checked areas affect the student's performance in other areas of the curriculum and/or behavior?

_____
_____
_____

B. Communication

☐ Articulation ☐ Social Language (Pragmatics) ☐ Voice
☐ Fluency ☐ Verbal Expression ☐ Other (specify): _____
☐ Language Comprehension ☐ Limited English Proficiency _____

Describe difficulties as indicated above: _____
_____
_____

How do the difficulties affect performance in the curriculum and/or behavior?

_____
_____
_____

C. Motor

☐ Fine Motor Coordination ☐ Visual Motor Coordination
☐ Gross Motor Coordination ☐ Other (specify) _____

Describe difficulties as indicated above: _____

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How do the difficulties affect performance in the curriculum and/or behavior?

D. Behavior

☐ Attention Span ☐ Activity Level ☐ Acting Out
☐ Withdrawal ☐ Peer Relationships ☐ Adult Relationships
☐ Other (specify)

Describe difficulties as indicated above, including the frequency, severity, and under what conditions/settings the behavior occurs:

How do the behavioral conditions affect performance in the curriculum?

E. Related Areas

☐ Self-help Skills ☐ Study Skills ☐ Organizational Skills
☐ Test-taking Skills ☐ Other (specify)

Describe difficulties as indicated above:

How do the difficulties affect performance in the curriculum and/or behavior?

F. Strengths and Interests

Describe the student's strengths and interests:

G. Parental Involvement

Date(s) parent(s) was contacted regarding the concern(s):

How has the parent been involved in addressing the current concern?

H. Other

Is there any other pertinent information not previously described?

Signature of Person Initiating the Request for Assistance | Position or Relationship to Student | Date

Signature of Person Receiving the Request for Assistance | Title | Telephone Number

Date

Initial Meeting Date:
Outcome of Meeting:

Follow-up Meeting Date:
Outcome of Meeting:

Follow-up Meeting Date:
Outcome of Meeting:

☐ I am requesting a meeting to determine if this student may be suspected of having a disability.

Signature | Date

The team, which includes the parents, will review all available information and complete Form CI-211.

NOTE: A referral for Multifactored Evaluation (MFE) consists of the following completed forms:
1) Form CI-204, School-Age Request for Assistance;
2) Form CI-207*, Documentation of Interventions, if appropriate; and
3) Form CI-211, Determination of Suspected Disability.

* Denotes optional procedure/form

At the Assistance Team Meeting...

You and other team members will develop some ideas to help your child. These ideas will be used with your child in the classroom, and documentation of results will be written by the Intervention Assistance Team (IAT).

Your team will meet again, as often as appropriate, and decide if the ideas worked. Once the team feels that enough information has been gathered, the Determination of Suspected Disability form must be completed (see page 11). When this form is completed, YOU must be present.

The team may decide that:

1. It does not suspect that your child has a disability because your child has made significant improvements-the process stops.

** If you still feel that your child has a disability, you may check the box/sign saying you still request a Multi-Factored Evaluation (MFE).

---

2. Although your child is not suspected of having a disability, he/she still needs interventions-the class-room teacher(s) will continue the interventions designed, with monitoring from the IAT if necessary.

** If you still feel that your child has a disability, you may check the box/sign saying you still request an MFE.

---

3. Your child is suspected of having a disability--the MFE process will begin.

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Assistance team members will complete this form.

Parents need to be a member of that team when this form is completed.

* Parent keeps a copy of this form and another copy goes in the student's file.

** If you disagree with the team, be sure to sign the form where indicated.

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Copies: Parent/Student File CI-211

DETERMINATION OF SUSPECTED DISABILITY

Name of Child: _____ Date of Birth: __/__/__ Age: _____
Student ID Number: _____
The following individuals met on _____ (Date) to decide if there is a suspected disability:

_____ Name and Title _____ Name and Title

_____ Name and Title _____ Name and Title

_____ Name and Title _____ Name and Title

Information used to make the decision about whether or not there is a suspected disability:
(Check Information Used)

☐ Request for Assistance ☐ Observation
☐ Interview with __Parent__Primary Care Provider__Child's Teacher ☐ Screening
☐ Results of Interventions ☐ Other (specify)___

Summarize the most significant factors used by the team to make a decision, including any other options considered and the reasons why those options were rejected: _____

_____.

Date of Referral: _____

☐ This child is NOT suspected of having a disability and there are no further recommendations.
☐ This child is NOT suspected of having a disability; however, the following activities/interventions are recommended:

_____
_____

☐ This child is suspected of having a disability. The completed Multifactored Evaluation Planning Chart (MFE-501c or MFE-501d) is attached.

_____ Signature of Chairperson _____ Signature of Parent ☐Agree ☐Disagree

☐ Although the team does not suspect a disability, I believe my child has a disability and request a multifactored evaluation.

_____ Signature of Parent(s)

If it is determined that the child is suspected of having a disability, and the parent(s) refuses permission for the multifactored evaluation (Form PS-402), the district may initiate a due process hearing.
Team members who disagree with the determination may attach a statement supporting their respective positions.

NOTE: A referral for Multifactored Evaluation (MFE) consists of the following completed forms:
1) Form CI-204, School-Age Request for Assistance, or Form CI-205, Preschool Request for Assistance;
2) Form CI-207*, Documentation of Interventions, if appropriate; and
3) Form CI-211, Determination of Suspected Disability.

*Denotes optional procedure/form

PS-401
Page 1 of 2

WRITTEN NOTICE TO PARENTS

Date: _____

This is to notify you of the district's action regarding _____'s
(STUDENT'S NAME)
educational program.

1. Description of action:

   Check appropriate box(es):

AREA	Proposal to Initiate	Proposal To Change	Refusal To Initiate	Refusal To Change
1. Identification				
2. Evaluation				
3. Placement				
4. Provision of Free Appropriate				

2. For evaluation/re-evaluation (only applicable if box is checked):

   ☐ The evaluation or re-evaluation described in the attached evaluation plan requires your permission in order for it to be conducted. Please sign and return the permission form.

   ☐ The re-evaluation described in the attached evaluation plan will be completed based on existing information. However, you have the right to request an assessment to determine whether you child continues to be a child with a disability.

3. Reason for action: _____

4. Description of other options, if any, that were considered before taking this action and the reason for rejecting them: _____

PS-401
Page 2 of 2

5. Description of evaluation procedures, test, record, or report used as the basis of this action (if applicable): _____

6. Other factors that are relevant: _____

7. Provision of procedural safeguards:

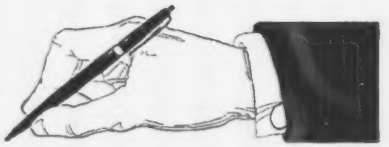
As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Act (IDEA) Amendments of 1997. You have been provided with a copy of Whose *IDEA* Is This? *A Resource Guide for Parents*: Parent Notice of Procedural Safeguards which explains your procedural safeguards. Please contact me if you have any questions about the process described above, your rights, or have other related concerns.

Name _____ Title _____

Address _____ Telephone _____

City, State, and Zip _____

Enclosure: Whose *IDEA* Is This? *A Resource Guide for Parents*
PS-406 (Parent Notice of Procedural Safeguards)



In order to begin the Multifactored Evaluation process, the parent must complete this form. After the parent gives consent, the school has **90 days** to complete the evaluation. 90 Days refers to calendar days, including summer.

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☐ Initial Evaluation PS-402

☐ Re-evaluation (if additional assessment is to be conducted)

REQUEST FOR PARENT CONSENT FOR EVALUATION

Part I: To Grant Consent

I have received a copy of Whose *IDEA* Is This? *A Resource Guide for Parents* and I understand the information provided.

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated school personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

_____ _____ _____
Signature of parent, legal guardian, custodian, or student (if 18 or older) Relationship to Child Date

Part II: To Refuse Consent

(Do Not complete Part II if you completed Part I)

I have received a copy of Whose *IDEA* Is This? *A Resource Guide for Parents* and I understand the information provided.

I DO NOT GIVE MY PERMISSION for a multifactored evaluation for _____.

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for a multifactored evaluation.)

_____ _____ _____
Signature of parent, legal guardian, custodian, or student (if 18 or older) Relationship to Child Date

Part III: (To be completed by school)

Information about the multifactored evaluation and Whose *IDEA* Is This? *A Resource Guide for Parents* were presented/sent by:

_____ _____
Signature of school district representative Date(s)

The parents' native language is _____. If not English, was the information provided in the native language or other mode of communication? ☐ Yes ☐ No

If no, explain: _____

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.

When the parent completes the evaluation form, you should receive a copy of **WHOSE *IDEA* IS THIS?** This book explains your rights.

If you still don't understand or need assistance, please call: The Ohio Coalition (OCECD) at 1-800-374-2806.

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PS-405

A Resource Guide for Parents

State of Ohio Parent Notice of Procedural Safeguards

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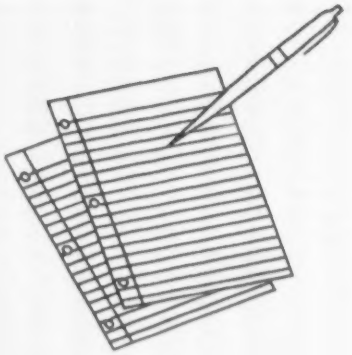


At the same time the Consent to Evaluate form is completed, the School-Age Planning Form should be completed. The Assistance Team completes this form and a copy will be given to the parent.

(See page 50 for explanation of initials-Eligibility Criteria.)

MFE-501d

School-Age Planning Form: INITIAL MULTIFACTORED EVALUATION (MFE)

Student's Name _____ Date of Birth: _____ Age: _____

STEP 1: List areas(s) of suspected disability: _____

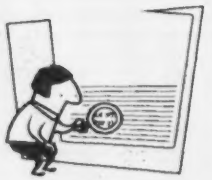
STEP 2: In column ©, record the assessments completed within the past year by listing the assessment date and the position of the individual or agency that conducted the assessment.

STEP 3: In the methods columns (D), indicate the position of the individual assigned to conduct the assessments listed in column (A).

(A) Assessment Areas	(B) Required to Determine Eligibility for:	(C) Completed by:	(D) Methods		
			Interview/ Records	Observation	Direct Assessment
Physical (medical) Examination	MD, HI, VI, OH, OHI ED, TBI, Autism				
Health and Nutrition	As needed				
General Intelligence	All, except S/L				
Academic/Pre-academic Skills	All				
Educational Functioning	S/L				
Vision Abilities	All, except S/L & VI				
Eye Condition by Specialist	VI				
Braille Needs	VI				
Hearing Abilities	All except HI				
Audiological Status	HI				
Communicative Status	All				
Communication Mode	HI				
Adaptive Behavior	MD, MR (DH)				
Social and Emotional Status	MD, HI, VI, OH, OHI, SLD				
Classroom Observations	SLD				
Informal Behavioral	ED				
Informal Behavioral	ED				
Behavior/Personality Measure	ED				
Background Information	ED				
▪ Reading and Math Instruction	All				
▪ Social and Cultural	MR (DH)				
▪ English Proficiency	All				
Teacher Recommendations	MR (DH)				
Motor Abilities	All, except S/L				
Vocational/Occupational and Transition Needs ▪ Aptitudes ▪ Interests ▪ Preferences ▪ Employability	When needed, and as required by age 14 and age 16				
Assistive Technology Needs	As Needed				
Other:					

☐ The team has taken into consideration possible sources of racial/cultural bias in planning these assessments.

_____(Signature of Evaluation Team Chairperson) Date of Plan: ___/___/___



A MULTIFACTORED EVALUATION (MFE) IS....

WHAT? A way to gather information from many sources about the student's strengths, needs, and how they learn. The information is then gathered and put into a final report called an Evaluation Team Report (ETR).

WHY? Because a student is suspected of having a disability that interferes with their progress.

WHEN? The MFE must be completed within 90 days from the date the parent permission was signed.

WHO? The team consists of parent(s), the student's teacher(s), a qualified person to conduct individual diagnostic assessment of children, and one or more individual(s) who has knowledge of the suspected disability along with typical child development and general education curriculum. If appropriate, it may also include an individual who is knowledgeable about educational issues of children of minority, racial or culturally diverse backgrounds.

HOW? It involves a variety of activities that may include testing, observations, interviews, work samples, checklists, etc.

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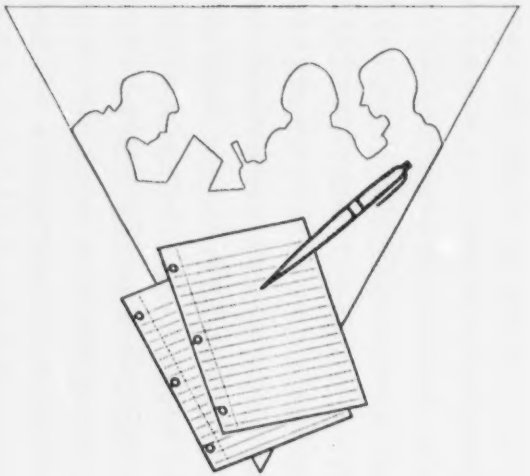
MFE TEAMS...WE'RE **ALL** IN THIS TOGETHER

1. An MFE meeting typically lasts 1 hour to 1 1/2 hours.
2. Parents are full, equal, team members. Parents know their child best and also have information that is not available to the school.
3. Parents may bring anyone with them for support (friend, family member, counselor, tutor, etc.).
4. Parents may request a copy of the evaluation results (ETR) before the meeting.
5. The team will decide if the student is eligible to receive special education services. Using information from the multifactored evaluation (MFE), the team will discuss the present levels, strengths, and needs of the student.
6. The parent may bring in other information from sources other than the school such as medical reports, therapist report, etc. This information may be added to the evaluation to help the team obtain a true picture of the student.
7. Parents do not have to sign the ETR the day of the meeting. They can take it home and review it thoroughly.
8. If any member disagrees with the team, they may sign a "dissenting opinion". This is done on a special form, explaining why they disagree with the team's decision.
9. If the student is eligible for special education services, the evaluation information will be used to write an IEP for that student. **If an IEP is written, it must be completed within 30 days**, with parents as team members.

The Evaluation Team Report (ETR) summarized the results of the MFE.



SCHOOL DISTRICT MFE-501a
<FIRST ADDRESS>

<NEXT ADDRESS>
<CITY>, Ohio <ZIP CODE>
<PHONE NUMBER>

EVALUATION TEAM REPORT (ETR)

COVER PAGE

This report summarizes and interprets the results of a multifactored evaluation completed as a portion of the child identification and evaluation procedures established by the Individuals with Disabilities Education Act (IDEA). The information contained in this report is subject to the rules governing confidentiality of educational records.

Student's Name: _____ Date of Birth: ___/___/___ Age: _____

The information contained in this report was compiled or developed by the assessment team to address specific educational concerns, including the student's need for special education services.

THIS REPORT DOCUMENTS:

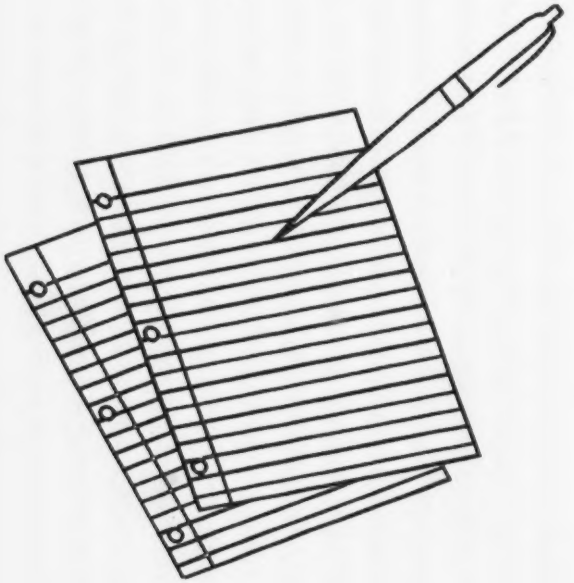
☐ An initial evaluation completed: Date: _____

☐ A re-evaluation completed: Date: _____

☐ An Intervention-Based Assessment/MFE completed: Date: _____

(To be used by those school districts with approval from the Ohio Department of Education)

These forms, (501g), make up the body of the report. Every person who evaluates your child will complete at least one of these for every area evaluated, (ex.: intelligence, academics, motor skills, etc.)



MFE-501g

EVALUATION FORM

Name of Student: _____ Date of Birth: __/__/__ Age: ____

Evaluator: _____ Title: _____

Areas of Assessments:

_____
_____
_____
_____

Evaluation methods and activities:

☐ Observations ☐ Interview(s) ☐ Trial Intervention(s)
☐ Record Review ☐ Classroom-based Assessment ☐ Other
☐ Curriculum-based Assessment ☐ Norm-referenced Assessment

Summary of assessment(s), including results and instructional implications:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

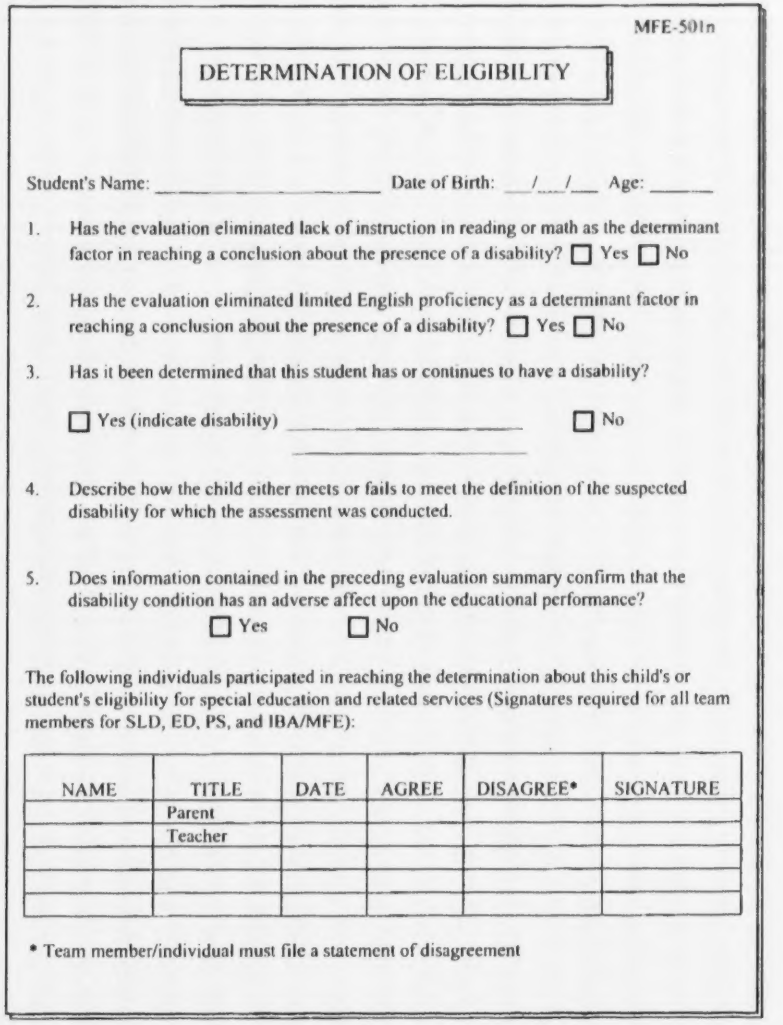
Signature of Evaluator: _____ Date: __/__/__

The final page of the report is the Determination of Eligibility. The five questions are taken directly from federal law. If the answer is "Yes" to all of the questions, your child is eligible for services.

Your child must have been provided sufficient instruction in math and reading...(children who are absent a lot or who have moved several times in a short period of time may not have received such).

If English is not your primary language, the team must determine if that is the primary cause of your child's difficulties.

There **must** be an adverse affect upon educational performance-(if your child obtains test scores which qualify, but he/she is getting straight A's, behavior is fine, and socially he/she is O.K. .... he/she is not eligible).



MFE-501n

DETERMINATION OF ELIGIBILITY

Student's Name: _____ Date of Birth: ___/___/___ Age: _____

1. Has the evaluation eliminated lack of instruction in reading or math as the determinant factor in reaching a conclusion about the presence of a disability? ☐ Yes ☐ No

2. Has the evaluation eliminated limited English proficiency as a determinant factor in reaching a conclusion about the presence of a disability? ☐ Yes ☐ No

3. Has it been determined that this student has or continues to have a disability?

   ☐ Yes (indicate disability) _____ ☐ No

4. Describe how the child either meets or fails to meet the definition of the suspected disability for which the assessment was conducted.

5. Does information contained in the preceding evaluation summary confirm that the disability condition has an adverse affect upon the educational performance?

   ☐ Yes ☐ No

The following individuals participated in reaching the determination about this child's or student's eligibility for special education and related services (Signatures required for all team members for SLD, ED, PS, and IBA/MFE):

NAME	TITLE	DATE	AGREE	DISAGREE*	SIGNATURE
	Parent				
	Teacher				

* Team member/individual must file a statement of disagreement

After all of the 501g forms, there is a summary page. If your child qualifies for special education services, these sections become part of the IEP.

MFE-501m

TEAM SUMMARY
AND
INTERPRETATION OF THE MULTIFACTORED EVALUATION

Student's Name: _____ Date of Birth: __/__/__ Age: ____

Summary of Current Performance:

Description of Educational Needs:

Implications for Instruction and Progress Monitoring:

The following pages include supplemental forms which are only used for certain disabilities. They will not be included in every report.

This first form is used to document a Specific Learning Disability. It takes into account various factors, including teast scores, to describe evidence of the disability. A discrepancy, or gap, between ability and achievement in at least one of the seven areas must exist.

MFE-501i

SUPPLEMENTAL INFORMATION FOR TEAM'S DETERMINATION OF SLD ELIGIBILITY

Student's Name: _____ Date of Birth: __/__/__ Age: _____

A. Describe the relationship of the relevant behavior noted during observation(s) to the student's academic functioning:

B. Describe educationally relevant medical findings, if any:

C. Is this student unable to achieve commensurate with his or her age and ability levels in one or more of the areas listed in item D. below, when provided with learning experiences appropriate for his or her age and ability level?

☐ Yes ☐ No

D. Does this student have a severe discrepancy between achievement and ability which cannot be corrected without special education and related services in one or more of the following areas?

Oral Expression	☐ Yes	☐ No	Reading Comprehension	☐ Yes	☐ No
Listening Comprehension	☐ Yes	☐ No	Mathematics Calculation	☐ Yes	☐ No
Written Expression	☐ Yes	☐ No	Mathematics Reasoning	☐ Yes	☐ No
Basic Reading Skill	☐ Yes	☐ No			

E. Summarize assessment results and other data used by the team to support the determination cited under item D. above:

(1) Evaluation data, including comparison of test results:

(2) Classroom-based assessments, work samples, effective interventions:

(3) Group test scores:

(4) Additional data and other information:

F. How did the team determine that the learning problem is not the result of environmental, cultural, or economic disadvantage?

G. Do evaluation results rule out visual, hearing or motor impairment, mental retardation, or emotional disturbance as the primary reason for the severe discrepancy?

☐ Yes ☐ No

This form is only used for documenting an Emotional Disturbance (formerly known as a Severe Behavior Handicap). Your child only needs one of the five areas to qualify, but may qualify in more than one. Evidence should be listed to show why that area applies to your child. This evidence must have existed:

1) over a long period of time,
2) to a marked degree and,
3) with adverse affect on educational performance.

Social maladjustment means that a child behaves in a delinquent manner, outside the established norms of general society. Even if the answer to this question is yes, the team could still determine that your child has an emotional disturbance.

MFE-501j

SUPPLEMENTAL INFORMATION: EMOTIONAL DISTURBANCE

Student's Name: _____ Date of Birth: __/__/__ Age: _____

A. Describe the relationship of behavior to the results of norm-referenced assessments:

B. Describe how the student has exhibited one or more of the following criteria over a long period of time and to a marked degree. Include in the description information about the frequency, intensity, and duration of the behavior.

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors:

2. An inability to build or maintain satisfactory interpersonal relationships with peers or teachers:

3. Inappropriate types of behavior or feelings under normal circumstances:

4. A general or pervasive mood of unhappiness or depression:

5. A tendency to develop physical symptoms or fears associated with personal or school problems:

C. Is the student's condition the result of social maladjustment?

☐ Yes ☐ No

Provide a basis for this determination:

This observation form is also used primarily for Emotional Disturbance. These observations must include measurable information … how often a child does something in a given period of time (ex: hitting other students) … how long the behavior lasts (ex: temper tantrums) … is the behavior fairly constant or is it isolated?

There should be at least three of these, done by at least three different people, at three different times, on three different days.

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MFE-5011

SUMMARY OF OBSERVATION

Student's Name: _____ Date of Birth: __/__/__ Age: ____

(Multiple observations are required for ED evaluations. Each individual conducting an observation should complete a Summary of Observation form).

Date of Observation: __/__/__ Setting: _____

Activity: _____

_____

Conducted by (Name and Title): _____

A. Summarize relevant behaviors:

1. Describe behavior patterns:

2. Describe the frequency of problem behavior(s):

3. Describe the intensity of the problem behavior(s):

B. Describe the relationship of behavior(s) to the student's academic functioning:

C. Describe instructional implications of behavior problems:

_____ _____

Signature Date

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These forms are used if your child has severe vision problems, such as blindness, glaucoma, etc.

Confidential

MFE-501k
Page 1 of 2

EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS

Date of Exam: __/__/__

Name of Child: _____ __/__/__
(First) (Middle) (Last) (DOB)

Address: _____
(No. and Street)

_____
(City or Town) (County) (State) (Zip)

Name of School: _____ Grade: _____

Address: _____
(No. and Street)

_____
(City or Town) (County) (State) (Zip)

I. HISTORY

A. Primary cause of visual impairment: _____

B. List any systemic disease(s) contributing to the ocular condition: _____

C. Surgeries (i.e., cataract, strabismic, other): _____

D. Medications: _____

E. Age of onset of visual impairment: _____

II. REFRACTIVE CORRECTION

A. What is the child currently wearing or using? _____

B. Current prescription: *OD*_____ *OS*_____

	Distance Visual Acuity Without Glasses	Distance Visual Acuity With Current Glasses	Near Visual Acuity Without Glasses	Near Visual Acuity With Glasses
Right Eye (OD)				
Left Eye (OS)				
Both Eyes (OU)				

C. Are new glasses recommended? ☐ Yes ☐ No

D. If yes, what is the child's best refraction? _____

E. Is low vision aid examination recommended? ☐ Yes ☐ No

MFE-501k
Page 2 of 2

	Sphere	Cylinder	Axis	Corrected Near Visual Acuity	Corrected Distance Visual Acuity
Right Eye (OD)					
Left Eye (OS)					

F. Is visual field normal? ☐ Yes ☐ No If no, please attach or describe: _____

G. Is there normal color perception? ☐ Yes ☐ No
If no, what color(s)? _____
Please indicate test used: _____

H. Is there evidence of light sensitivity? ☐ Yes ☐ No

III. PROGNOSIS AND RECOMMENDATIONS

A. Recommendations:
☐ Low Vision examination ☐ Glasses
☐ Optical aids ☐ Other
Comments: _____

B. Preferred lighting: _____

C. Special tinted lenses/filters recommended? ☐ Yes ☐ No
Specify: _____

D. Specify need for physical restrictions: _____

E. Reading Model(s):
☐ Large Print ☐ CCTV
☐ Standard Print ☐ Braille
☐ Tape

F. Prognosis: ☐ Stable ☐ Deteriorating ☐ Capable of Improvement
Comments: _____

Wish to see child again? ☐ Yes ☐ No If yes, when? _____

Doctor's Name (Signature): _____

Doctor's Name (Print): _____

Address: _____
(No. and Street)

_____ Phone: _____
(City or Town) (County) (State) (Zip)

Return to: _____ (School District)
_____ (Address)

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*IBA/MFE = Intervention-Based Assessment/
Multifactored Evaluation

If the school is using IBA/MFE* as their procedure for student assessment, these forms on this page and the next page will be used instead of the MFE/ETR forms previously seen in this book.

MFE-501h
Page 1 of 2

DOCUMENTATION OF INTERVENTION-BASED ASSESSMENT

Student's Name: _____ Date of Birth: __/__/__ Age: ____

This report section summarizes an intervention-based assessment completed by a team, including the student's parents, school staff, and other appropriate professionals. Intervention-based assessment and IBA/MFE are procedures being developed by the Ohio Department of Education to better meet the needs of children and youth with disabilities. Specific training is required prior to implementing these practices, and teams receive explicit permission to use IBA/MFE in evaluations of students who are suspected of having a disability. Parental consent is required before conducting evaluations according to these methods. A school district receiving an IBA/MFE on a transfer student may choose to accept this evaluation or conduct its own assessments.

IBA/MFE Section One: Problem Definition

(To be used only by school districts with approval from the Ohio Department of Education)

Student's Name: _____ Date of Birth: __/__/__ Age: ____

IBA/MFE Section Two: Problem Analysis and Intervention Planning

1. List the problem areas, including ecological issues, that were addressed or directly assessed in conducting an analysis of the problems defined in Section One.

Problem Area	Assessment Method	Person Responsible	Date

2. What critical needs were identified and targeted for intervention?

3. What are the student's baseline levels in those areas selected for intervention?

(To be used only by school districts with approval from the Ohio Department of Education)

Student's Name: _____ Date of Birth: __/__/__ Age: ____

IBA/MFE Section Three: Summary of Interventions

1. Describe goals established for the student:

2. Describe the interventions provided during the IBA/MFE:

3. Describe the data collection and continuous progress monitoring processes:

4. Discuss the results of interventions by interpreting accompanying data, charts, and graphs:

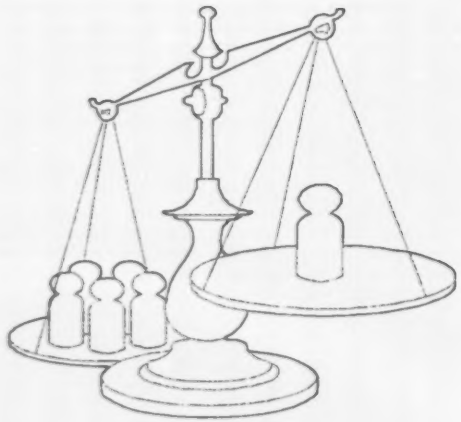
See Attached: ☐ Chart ☐ Graph ☐ Tables

IBA/MFE Section Four: Characteristics of Successful Interventions

1. Summarize the interventions that have been successful.

2. Are the interventions that are necessary to help the student attain targeted goals, or to maintain that performance of such a unique nature and intensity, as determined through an analysis of the use of instructional methods, materials, equipment, services, personnel, and/or environmental or physical adaptations, that they may be considered to be specially designed instruction?
   ☐ Yes ☐ No
   If yes, please explain:

(To be used only by school districts with approval from the Ohio Department of Education)



If anyone on the team, including you, disagrees with the decision reached at the team meeting, that person should write a dissenting opinion. This form is the document to be used.

If you are the one dissenting, DO NOT sign the Determination of Eligibility page. State why you disagree on this form and sign at the bottom.

MFE-501o

STATEMENT OF DISAGREEMENT

A statement of disagreement must be submitted by any team member who is in disagreement with the team's decision about a student's eligibility for special education services. Submit statement within two weeks following the team meeting.

Regarding the assessment of: _____

Date of assessment team meeting: _____

Briefly summarize your reasons for disagreeing with the team's decision regarding this student's eligibility for special education services:

_____ _____

Signature/Title Date

For Office Use Only:

Received: _____ Attached to team report: _____

INDEPENDENT EVALUATION

If you, as a parent, do not agree with the rest of the team, you are entitled to an independent evaluation.
To do this:

a. * request prior written notice-the school is required to tell you, in writing, why they proposed or refused action, other options they gave you, all data to support their decision and any other information relevant to the proposal or refusal
b. * write a letter stating you do not agree with the rest of the team

If you request an independent evaluation, at public expense, the school must, without unnecessary delay:

a. initiate a hearing to show that its evaluation is appropriate
b. send you a list of independent evaluators in your area and the criteria needed to be used by the independent evaluator, or they have to file due process on you supporting their evaluation

If you do not want any of the independent evaluators that are on the school's list you must:

a. * write the school and let them know you do not want anyone on their list
    1. state the person who is doing the evaluation
    2. let the school know you expect them to pay for the evaluation
    3. set a timeframe to get back with you if they disagree

The school may ask you for the reason you object to the original evaluation, however the explanation is not required.

If the school initiates a hearing and the decision of the hearing officer is that the original evaluation is appropriate, you may still obtain a private evaluation at your own expense.

If you obtain a private evaluation at your own expense, the results of the evaluation:

1. must be considered by the evaluation team
2. can be presented as evidence at a hearing

* ***OCECD*** *has a publication called* ***Communicating Through Letter Writing.*** *This publication is free to parents*

A child receiving Special Education services must be re-evaluated at least once every three years. For most students this is sufficient. However, anyone including the parent may request a re-evaluation at any time if there is a need for it before three years. **The school *MUST* have parent permission to do any type of re-evaluation testing.**

This is the planning form for re-evaluations, (similar to the one for initial evaluations). The IEP team uses this form to set a plan. Testing is not required for any area of a re-evaluation, if sufficient evidence describing the student's current performance in an area already exists.

Best practices recommend that two formal evaluations, with testing, be completed before going to "conference style" – especially if the first evaluation was done when the student was very young; however, there are always exceptions.

Ideally, this process/form is completed at the IEP meeting after two years of service; but it may be done closer to the actual due date. The plan can be changed by the team at any time.

School-Age Planning Form: RE-EVALUATION MFE-501f

Student's Name _____ Date of Birth: _____ Age: _____

STEP 1: List areas(s) of disability: _____

STEP 2: For those assessment areas listed in column (A) considered by the team, indicate "yes" or "no" in column (C) to indicate if sufficient existing data is available. In the appropriate columns listed under column (D), indicate any new assessments to be conducted by listing the position of the individual assigned.

STEP 3: List team members who participated in the review of existing information.

STEP 4: Establish date for completion of re-evaluation. Re-evaluation will be completed by: _____

(A) Assessment Areas	(B) Must be addressed for:	(C) Current Data Available	(D) New Assessment Necessary		
			Interview/ Records	Observation	Direct Assessment
Physical (medical) Examination	MD				
Health and Nutrition	MR (DH)				
General Intelligence	MD,ED, MR (DH), SLD				
Academic/Pre-academic Skills	All				
Educational Functioning	S/L				
Vision Abilities	MD, HI, OH, OHI MR (DH), SLD				
Eye Condition by Specialist	VI				
Braille Needs	VI				
Hearing Abilities	MD, VI, OH, OHI MR (DH), SLD				
Audiological Status	HI				
Communicative Status	All				
Communication Mode	HI				
Adaptive Behavior	MD, MR (DH)				
Social and Emotional Status	MD, HI, VI, OH, OHI				
Classroom Observations	SLD				
Informal Behavioral	ED				
Informal Behavioral	ED				
Behavior/Personality Measure	ED				
Background Information	ED				
Reading and Math Instruction	All				
▪ Social and Cultural	MR (DH)				
▪ English Proficiency	All				
Teacher Recommendations	MR (DH)				
Motor Abilities	MD, HI, VI, OH, OHI MR (DH), SLD				
Vocational/Occupational and Transition Needs ▪ Aptitudes ▪ Interests ▪ Preferences ▪ Employability	When needed, and as required by age 14 and age 16				
Assistive Technology Needs	As Needed				
Other:					

The team has taken into consideration possible sources of racial/cultural bias in planning these assessments. Team Members:

_____ _____

_____(Signature of Evaluation Team Chairperson) Date of Plan: ___/___/___

The re-evaluation report is very similar to the initial MFE report. The same forms are used EXCEPT for the first five pages of the initial report. The CI-204 (School-Age Request for Assistance) form is replaced with this form, Student Information, for the re-evaluation.

MFE-501b

STUDENT INFORMATION

Identifying Data

Name: _____ Father: _____

Date of Birth: _____ Address (if different than student): _____

Address: _____ _____

_____ Phone (if different than student): _____

Phone: _____ Mother: _____

Legal Guardian: _____ Address (if different than student): _____

Address (if different than student): ____ _____

_____ Phone (if different than student): _____

Phone (if different than student): _____

Parent(s) Native Language (if not English): _____

Student's Native Language (if not English): _____

Grade: ____ EMIS/Student Number: _____ Current Disability Condition: _____

Building of Current Attendance: _____

Present Teacher(s): _____

Date of Re-evaluation Plan: _____

Re-evaluation Completion Date: _____

Summary of background information and services provided to the student: _____

_____

_____

Requirements for Initial School-Age Multifactored Evaluations

(The definitions of these letters ⇩ can be found at the back of this manual.)

Evaluation Areas	MD	HI	VI	OH/OHI	ED	MR	SLD
Physical Examination	X	X	X	X	X		
Medical Consultation	**	**	**	**	**	**	**
General Intelligence	X	X	X	X	X	X	X
Academic Performance (Reading, Math)	X	X	X	X	X	X	+
Vision Ability	X	X		X	X	X	X
Hearing Ability	X		X	X	X	X	X
Motor Ability	X	X	X	X	X	X	X
Communicative Status	X	X		X	X	X	+
Adaptive Behavior	X					X	
Social and Emotional Status	X	X	X	X			X

** as needed

+ for SLD, READING includes Basic Reading Skills AND Reading Comprehension; Math includes Math Calculation AND Math Reasoning; Communicative Status includes Oral Expression, Listening Comprehension, AND Written Expression

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Evaluation Areas	MD	HI	VI	OH/OHI	ED	MR	SLD
Audiological Status		X*					
Eye Condition			X*				
Background Information (Educational, Family, and Medical History)					X		
Informal Behavior Observation (2 people)					X		
Classroom Observation						X	
Teacher Recommendations						X	
Physical Condition						X	
Social and Cultural Background						X	
Behavior/Personality Measure					X		
Page reference in Rules for the Education of Handicapped Children	50	53	56	59	62	66	68

Note: **Although certain areas are not required for every disability area, several are good practice and should be done anyway--such as Classroom Observation**

Note: **There are no longer any requirements for a school-age re-evaluation. The student's IEP team determines which areas need to be assessed.**

*** Must have a specialist evaluate**

BEST COPY AVAILABLE

COMMON STANDARDIZED EVALUATION MATERIALS **

(SCHOOL AGE)

IQ TESTS

DAS	Differential Ability Scales	(Age Range: 2-6 to 17-11 yrs.) (Administration: 45-65 min.)
K-ABC	Kaufman Assessment Battery for Children	(Age Range: 2-6 to 12-6 yrs.) (Administration: 35-85 min.)
KAIT	Kaufman Adolescent and Adult Intelligence Scale	(Age Range: 11-85+ yrs.) (Administration: 60 min.)
K-BIT	Kaufman Brief Intelligence Test	(Age Range: 4-90 yrs.) (Administration: 15-30 min.)
LEITER-R	(Non-verbal)	(Age Range: 2-17 yrs.) (Administration: 30-60 min.)
STANFORD-BINET IV		(Age Range: 2-0 to adult) (Administration: time varies)
TONI-3/(CTONI)	(Comprehensive) Test of Nonverbal Intelligence	(Age Range: 6-0 to 90 yrs.) (Administration: 15-60 min.)
WAIS-III	Wechsler Adult Intelligence Scale	(Age Range: 16-89 yrs.) (Administration: 60-90 min.)
WISC-III	Wechsler Intelligence Scale for Children	(Age Range: 6 to 16-11 yrs.) (Administration: 50-70 min.)
WPPSI-R	Wechsler Preschool & Primary Scale of Intelligence	(Age Range: 3 to 7-3 yrs.) (Administration: 75 min.)

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ACHIEVEMENT/LANGUAGE TESTS

(Several tests combine these two areas, so they are listed together)

TEST #	NAME	AGE RANGE	ADMINISTRATION
BRIGANCE			
CELF-3	Clinical Evaluation of Language Fundamentals	6-21 yrs.	30-45 min.
DAB-2	Diagnostic Achievement Battery	6-14 yrs.	60 min.
KEY MATH-NU	Diagnostic Arithmetic Test	5-22 yrs.	30-50 min.
KTEA-NU	Kaufman Test of Educational Achievement	6-0 to 22-11 yrs.	30-75 min.
OWLS	Oral and Written Language Scales	5-21 yrs.	15-25 min.
PIAT-NU	Peabody Individual Achievement Test	5-0 to 22-11 yrs.	60 min.
PPVT-III	Peabody Picture Vocabulary Test	2-6 to 90+ yrs.	10-15 min.
TEWL-2	Test of Early Written Language	3-0 to 10-11 yrs.	30-45 min.
TOAL-3	Test of Adolescent and Adult Language	12-24 yrs.	40-60 min.
TOLD-3P	Test of Language Development-Primary	4-0 to 8-11 yrs.	60 min.
TOLD-3I	Test of Language Development-Intermediate	8-0 to 12-11 yrs.	30-60 min.
TOWL-3	Test of Written Language	7-6 to 17-11 yrs.	90 min.
WIAT-II	Wechsler Individual Achievement Test (available Spring '01)	5-19 yrs.	30-75 min.
WJ-III	Woodcock-Johnson Test of Achievement (available Fall '00)	2-90+ yrs.	40 min.
WRAT-3	Wide Range Achievement Test	5 yrs. - adult	15-30 min.

DEVELOPMENTAL ASSESSMENT

TEST #	NAME	AGE RANGE	ADMINISTRATION
BAYLEY-III	Scales of Infant Development	1-42 months	25-60 min.
BDI	BATELLE Developmental Inventory	Birth-8.0	30 min.
BBCS	BRACKEN Basic Concept Scale - Revised	2-6 to 8 yrs.	30 min.
DHA	DENVER Developmental Screening Test	8-13 yrs.	20-60 min.
K-SEALS	Kaufman Survey of Early Academic & Language Skills	3-6 yrs.	15-25 min.

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SOCIAL/EMOTIONAL BEHAVIOR

(Several tests combine these two areas, so they are listed together)

TEST #	NAME	AGE RANGE	ADMINISTRATION
AIR	Assessment of Interpersonal Relations	9 yrs.+	20 min.
BASC	Behavior Assessment System for Children	2-6 to 18-11 yrs. Self Report: 8-0+ yrs.	10-45 min.
CRS-R	Conners' Rating Scales - Revised	3-17 yrs.	time varies
	Devereux Behavior Rating Scale-School Form	5-18 yrs.	5 min.
MSCS	Multi-dimensional Self Concept Scale	9 yrs. +	20 min.
	Piers-Harris Children's Self-Concept Scale	8-18 yrs.	15 min.
SEI	Self-Esteem Index	7-0 to 18-11 yrs.	30 min.
SIBS-R	Scales of Independent Behavior	Infancy to 80+ yrs.	45-60 min.
VINELAND SEEC	Vineland Social-Emotional Early Childhood Scales (Adaptive Behavior)	Birth to 5-11 yrs.	15-25 min.

MOTOR SKILLS

TEST #	TEST NAME	AGE RANGE	ADMINISTRATION
	BENDER Visual Motor GESTALT Test	5-14 yrs.	Time Varies
MVPT-R	Motor-Free Visual Perception Test	10 yrs. +	Time Varies
VMI	Developmental Test of Visual-Motor Integration	28 weeks to 17 yrs.	10-15 min.

****NOTE: This is not all-inclusive. It simply lists the most common instruments used in Ohio. Many others exist and more are being created every year. If you have any questions, call OCECD at 1-800-374-2806. Revised 8/00**

Understanding Sub-test and Composite Scores on IQ Tests

Most standardized tests consist of several sub-tests. Sub-test scores usually range from 1 to 19. The mean, or average, score is usually 10. Most children will score + or - 3 points away from the mean of 10, (most children will score between 7 and 13).

If a child scores more than 3 points away from the mean in either direction, the skill(s) measured by the sub-test(s) may be a strength or weakness for your child. Any strength or weakness needs to be looked at closely, because it helps us understand your child's classroom performance, as well as how we can help him/her. (e.g. if the sub-test measures copying ability and it is a weakness for your child, she may have difficulty or need extra time taking notes in class.)

Sub-test scores are combined to create composite scores. Most of the commonly used IQ tests have three composite scores: two halves, which measure different types of reasoning, and a total. Each test has different names for these three scores and they do vary somewhat in what they measure, but they can be looked at in similar ways.

One half usually measures the way teachers usually teach academics in a traditional classroom. (Sequential, step-by-step tasks, where you must do one thing before going on to the next OR parts-to-whole.) There is a certain logic or order to the activity; and, often, prior exposure to similar activities affects how well someone performs.

The other half usually measures more global thinking (whole-to-parts/look at the big picture & break it down). This half involves common sense and creative problem solving. A person may never have seen such tasks before, but need to fix them, solve, or put things together.

The total score combines the two half scores into one. It is done statistically using the norms of the test--IT IS NOT AN AVERAGE OF THE TWO HALF SCORES. We need to look at the two half scores when interpreting that total score. The following case illustrates this point:

> Eric obtained a Full Scale IQ score of 101 on the WISC-III. The "average" range is 90-109. If you look at that composite score, you might assume that he is a typical "average" child. Checking further, you learn Eric's Verbal IQ is 114 ("high average") and his Performance IQ is 79 ("borderline"). There is a 35-point difference between the two halves. This 'gap' tells us that he is <u>not</u> an "average" child. The 101 Full Scale score needs to be interpreted as a <u>minimal</u> estimate of Eric's true ability.

HOW TO DETERMINE YOUR CHILD'S STRENGTHS AND WEAKNESSES

Look at the sub-test scores in the verbal area. If you want to know what your child's mean or average is you add all six sub-test scores and divide by six. This will give you your child's mean (average). Anything 3 points above the mean is a strength and anything 3 points below is a weakness. Ex:

12
+ 4
+ 8
+ 8
+13
+ 8

= 53 Total of all verbal test scores

53 divided by 6 = 8.8 (round up to 9)

This student's mean is 9.

9 + 3 = 12
Any score 12 or higher is a strength.

9 - 3 = 6
Any score 6 or below is a weakness.

Verbal Sub-tests	Scaled Scores	
Information	12	(High Average)
Similarities	4	(6) (Seriously Below Average)
Arithmetic	8	(Barely Average)
Vocabulary	8	(Barely Average)
Comprehension	13	(High Average)
(Digit Span)	(8)	(Barely Average)

Performance Sub-tests	Scaled Scores	
Picture Completion	9	(Average)
Coding	8	(Barely Average)
Picture Arrangement	5	(Seriously Below Average)
Block Design	11	(Average)
Object Assembly	10	(Average)
(Symbol Search)	(11)	(Average)

Intellectually, the child is performing in the low reaches of the average range of intelligence, with average auditory-verbal, as well as visual-motor abilities; however, the latter summary statistics mask the significant discrepancies between many of his sub-test scores which range from seriously deficient all the way to high average. In particular, one is concerned about deficits in abstract, verbal conceptualization, as seen by extremely low scores in Similarities, which asks a child to compare two items. His score did improve slightly on a later administration date. By contrast, his conceptualization in the visual-motor area is significantly higher, as seen by his solidly average capacity to analyze and synthesize abstract visual patterns. Yet, in the visual-motor area, he also has significant problems, particularly when he has to sequence visual information. By contrast, he possesses relative strengths in terms of his general knowledge, long-term memory functions, as well as social judgment. The latter shows that he is a well-socialized child. Here, it's important to note that his ability to stay on task or freedom from distractibility score is fairly low, in spite of his intense concentration, for he achieves a percentile rank of only 25. Generally, because of his deficient verbal conceptualization capacities, it is estimated that his intellectual probably does not exceed the average range.

What the WISC-III Tests

Sub-tests

Information . . . . . Long-term memory

Ability to retain facts over a long period of time, good range of information/factual knowledge, good memory

Similarities . . . . . Abstract and concrete reasoning abilities

Ability to compare and contrast concepts presented in the classroom flexibility of thought processes (able to see things in different ways), good ability to see relationships

Arithmetic . . . . . Numerical reasoning ability

Ability to apply mathematical skills in personal and social problem-solving situations, good concentration ability to do mental math

Vocabulary . . . . . Overall language development

Ability to express meanings of words, good word knowledge

Comprehension . . . . . Social judgment and common sense

Ability to apply practical judgment and common sense in difficult social situations, knowledge of "rules" of conventional behavior, social maturity

(Digit Span) . . . . . Short-term memory

Good attention span, ability to attend to auditory information for immediate recall (should be able to work independently after hearing instructions/explanation)

Picture Completion . . . Visual organization, perception skills
Alertness/attention to detail, good ability to tell the difference between essential and

80

81

non-essential details

Coding . . . . . Visual-motor coordination; perceptual organization

Good attention-span, concentration, ability to copy material from books/chalkboard, ability to learn new material and reproduce it with speed and accuracy

Picture Arrangement Planning ability; visual sequencing

Alertness to environment, good concentration, ability to organize, ability to anticipate in a meaningful way what results might be expected from various acts of behavior, ability to order events correctly

Block Design . . . . . Spatial visualization; spatial relations

Flexible problem-solving, ability to learn from maps-graphs-charts-diagrams, speed and accuracy in sizing up a problem, good hand-eye coordination

Object Assembly . . . . . Visual organization and perception; ability to synthesize concrete parts into meaningful wholes

Ability to see things more than one way, alertness to environment, ability to learn with a phonetic approach, experience in assembling puzzles

(Symbol Search) . . . . . Ability to quickly determine the presence or absence of a given symbol in a line of symbols

Ability to scan material for specific items of importance (could be visual details, key words, etc.)

(Mazes) . . . . . Spatial organization, ability to plan/use foresight

Attention skills, speed/accuracy/control of vision-hand movement, good ability to follow instructions

( ) represents optional sub-tests-not required for MFE testing

What the Stanford-Binet IV Tests

Sub-tests

Vocabulary . . . . . Overall language development

Ability to express meaning of words, good word knowledge

Comprehension . . . . . Social judgment and common sense

Ability to apply practical judgment and common sense in difficult social situations, knowledge of "rules" of conventional behavior, social maturity

Absurdities . . . . . Ability to isolate incongruities and absurdities in visual material

Good verbal comprehension, good attention, good social intelligence

Verbal Relations . . . . . Abstract and concrete reasoning abilities

Ability to compare and contrast concepts presented in the classroom, flexibility of thought processes (able to see things in different ways), good ability to see relationships, good ability to select and verbalize appropriate relationships between two objects or concepts

Pattern Analysis . . . . . Spatial visualization, visual discrimination

Flexible problem-solving, ability to learn from maps-graphs-charts-diagrams, speed and accuracy in sizing up a problem, good hand-eye coordination

Copying . . . . . Visual-motor coordination; perceptual organization

Good attention span, concentration, ability to copy material from books/chalkboard, ability to learn new material and reproduce it with speed and accuracy

Matrices . . . . . Perceptual reasoning, simultaneous processing

Good perception, attention to visual detail, good concentration

84

85

Paper Folding/Cutting Perceptual organization, spatial visualization

Good spatial orientation, good conceptualizing ability, alertness/attention to detail

Quantitative . . . . . Numerical reasoning ability

Ability to apply mathematical skills in personal and social problem-solving situations, good concentration, ability to do mental math

Number Series . . . . . Logical/numerical reasoning

Good concentration, knowledge of numbers

Equation Building . . . . Knowledge of conventional arithmetical operations

Good knowledge of numbers, good logical reasoning ability

Bead Memory . . . . . Alertness to detail, eye-hand coordination, form perception/discrimination

Good ability to attend to visual stimuli, good immediate recall ability

Memory for Sentences Short-term memory

Good attention span, ability to attend to auditory information for immediate recall, (should be able to work independently after hearing instructions/explanation)

Memory for Digits . . . . Short-term memory

Good attention span, ability to attend to auditory information for immediate recall, (should be able to work independently after hearing instructions/explanation)

Memory for Objects . . . Short-term memory

Good attention-span, ability to attend to visual stimuli, good immediate recall ability

What the K-ABC Tests

Subtests

Hand Movements . . . . . Visual-motor coordination, perceptual organization

Good attention span, concentration, mediating strategies, ability to copy material from books/chalkboard

Number Recall . . . . . Short-term memory

Good attention span, ability to attend to auditory information for immediate recall, (should be able to work independently after hearing instructions/explanation)

Word Order . . . . . Auditory-visual integration, auditory-motor memory

Good concentration, flexibility to shift to demands, ability to understand & follow directions, ability to create/use strategies for recall, work productivity

Gestalt Closure . . . . . Visual organization & perception, ability to synthesize concrete parts into meaningful wholes

Ability to see things more than one way, alertness to environment, ability to learn with the phonetic approach

Triangles . . . . . Spatial visualization, spatial relations

Flexible problem solving, ability to learn from maps-charts-graphs-diagrams

Matrix Analogies . . . . . Abstract and concrete reasoning abilities

Ability to compare and contrast concepts presented in the classroom, flexibility to cope with changing response styles (able to answer questions in different ways)

Spatial Memory . . . . . Spatial localization

Good concentration, ability to create/use strategies for organization, ability to reproduce material presented visually (draw)

Photo Series . . . . . Planning ability, visual sequencing

Alertness to environment, good concentration, ability to organize, ability to anticipate in a meaningful way consequences of various acts of behavior, ability to order events correctly

The new Policy and Procedure Forms do not require the sub-test scores on the MFE report. If you want to know what your child's sub-test scores are, ask for the Protocol Page. You, as part of the MFE Team, can request this page.

Name _____ Sex _____

School _____ Grade _____

Examiner _____ Handedness _____

WISC-III®

Wechsler Intelligence Scale for Children® - Third Edition

Sub-tests	Raw Scores	Scaled Scores
Picture Completion		
Information		
Coding		
Similarities		
Picture Arrangement		
Arithmetic		
Block Design		
Vocabulary		
Object Assembly		
Comprehension		
(Symbol Search)		
(Digit Span)		
(Mazes)		
Sum of Scaled Scores		

Verbal | Perfor. | VC | PO | FD | PS

Full Scale Score (OPTIONAL)

	Year	Month	Day
Date Tested			
Date of Birth			
Age			

	Score	IQ/ Index	%ile	% Confid. Interval
Verbal				--
Perform.				--
Full Scale				--
VC				--
PO				--
FD				--
PS				--

Sub-test Scores

	Verbal						Performance						
	Inf	Sim	Ari	Voc	Com	DS	PC	Cd	PA	BD	OA	SS	Mz
	12	4	8	8	13	8	9	8	5	11	10	11	/

19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

⇔

Sub-test Scores

Verbal						Performance						
Inf	Sim	Ari	Voc	Com	DS	PC	Cd	PA	BD	OA	SS	Mz

IQ Scores: VIQ PIQ FSIQ

Index Scores (Optional): VCI POI FDI PSI

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WHERE SHOULD YOUR CHILD BE?

People in schools often talk about grade equivalents when describing a student's performance. Using the chart on the following page, it is easy to figure out what is considered typical for each grade level. Here's how it works...

- Use the table like a multiplication fact sheet.
- Find your child's grade on the left side of the table and put your finger on it.
- Any IQ above 80 would be considered typical range for a regular classroom, so find 80, 85, 90, or 100 (low average to average range) along the top of the table, and put your finger on it.
- Bring your fingers along those lines until they connect in a box.

The box you found gives you the estimated grade level for your child.

As you use this chart, keep in mind:

1) These are only estimates.
2) Grade equivalents are not clear predictors of what your child can/cannot do. They do not tell you what skills your child has OR what skills he/she lacks.
3) You do not need to know your child's IQ to use this chart.

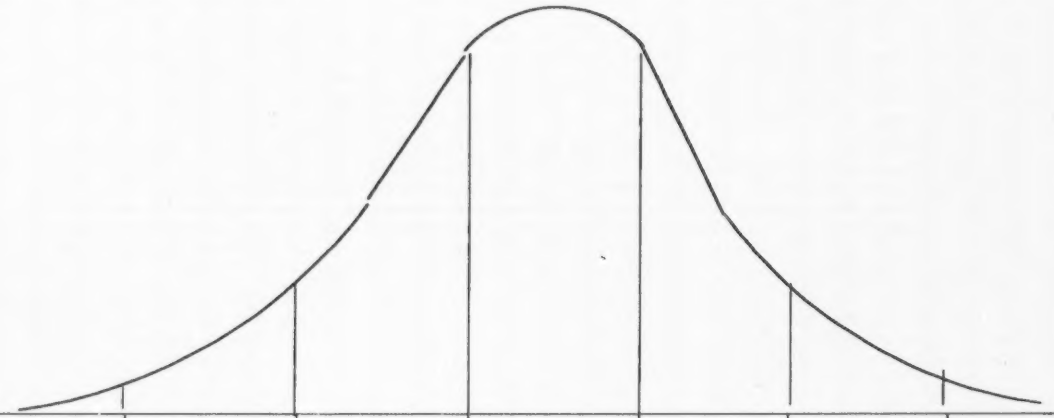
EXAMPLE:
Your child is in the fourth grade. With an IQ of 80-100, (a typical child), he/she should be reading at a late second grade to fourth grade level. (2.7 means the seventh month of second grade.) (This region has a box around it.)

What this means is this:

1) Every typical fourth grader is not reading at a "true" fourth grade level.
2) A fourth grader reading at a late second grade level is not two years behind.

Potential Academic Achievement of Children with Various Intelligence Quotient Levels

Grade Placement	Usual Chrono-logical Age	Below Average			Low Average			Average or Above		
		50	60	70	75	80	85	90	100	110
1.0	6.2	R *	R	R	R	R	R	R	1.0 +	1.3 +
2.0	7.2	R	R	R	R	1.0	1.3	1.5	2.0	2.4 +
3.0	8.2	R	R	1.4	1.7	1.9	2.2	2.4	3.0	3.5 +
4.0	9.2	R	1.5	2.2	2.5	2.7	3.1	3.4	4.0	4.6 +
5.0	10.2	1.6	2.3	3.0	3.3	3.6	4.0	4.3	5.0	5.7 +
6.0	11.2	2.3	3.0	3.8	4.2	4.5	4.9	5.2	6.0	6.7 +
7.0	12.2	2.9	3.7	4.5	5.0	5.3	5.8	6.2	7.0	7.8 +
8.0	13.2	3.6	4.5	5.4	5.8	6.2	6.7	7.1	8.0	8.9 +
9.0	14.2	4.3	5.2	6.2	6.7	7.1	7.6	8.0	9.0	10.0 +
10.0	15.2	4.9	5.9	7.0	7.5	7.9	8.5	9.0	10.0	11.0 +
11.0	16.2	5.6	6.7	7.8	8.3	8.8	9.4	9.9	11.0	12.1 +
12.0	17.2	6.3	7.4	8.6	9.2	9.7	10.3	10.8	12.0	13.2 +



Descriptive Category	Lower Extreme	Well Below Average	Below Average	Average	Above Average	Well Above Average	Upper Extreme
Standard Score Range	69 and below	70 - 79	80 - 89	90 - 109	110 - 119	120 - 129	130 and above
Scaled Score Range	1 - 3	4 - 5	6 - 7	8 - 11	12 - 13	14 - 15	16 - 19
Percentile Rank Range	2 and below	3 - 8	9 - 24	25 - 74	75 - 90	91 - 97	98 and above

Many professionals use the Bell Curve to illustrate your child's results on their testing. This curve shows Standard Scores (most composite test scores are reported as such), Scaled Scores (many sub-tests are reported as such), and Percentile Ranks.

The important things to remember are:

1. any score in the big hump or to the right of that is adequate for your child's age/grade;
2. scores to the left of the big hump are cause for concern;
3. if you want to compare current testing to previous testing, the only scores you can use to accurately estimate true growth are Standard Scores and Scaled Scores;
4. if your child scores the same on a test in initial testing and re-evaluation three years later, it does NOT mean they have not progressed. The older you get, the harder it is to get the same score-so your child made adequate gains for that time period. Item analysis...(how many/what new items did he/she get right?)...is the best indication of growth.

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Percentiles

When the school says your child is at the 63rd Percentile this means that out of 100 students 37 scored better than your child.

Relationship Among IQ Ranges, Scaled Scores and Percentiles		
RANGE	SCALED SCORE	PERCENTILE
Very Superior	19	99.9
Very Superior	18	99.6
Very Superior	17	99
Very Superior	16	98
Superior	15	95
Superior	14	91
Above Average	13	84
Above Average	12	75
Average	11	63
Average	10	50
Average	9	37
Average	8	25
Low Average	7	16
Low Average	6	9
Borderline	5	5
Borderline	4	2
Mentally Deficient	3	1
Mentally Deficient	2	0.4
Mentally Deficient	1	0.1

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Eligibility Criteria

Autism — A developmental disability significantly affecting verbal and non-verbal communication and social interactions, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.

Deaf-Blindness — Concomitant hearing and visual impairments, the combination of which causes severe communication and severe communication and other developmental and educational problems that cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness — A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

Emotional Disturbance (ED) — A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(a) an inability to learn that cannot be explained by intellectual, sensory, or health factors;

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(b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(c) inappropriate types of behavior or feelings under normal circumstances;
(d) a general pervasive mood of unhappiness or depression; or
(e) a tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Hearing Impairment (HI) — An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance.

Mental Retardation (MR) — Substantial limitations in present functioning as characterized by significantly sub-average general intellectual functioning existing concurrently with related limitations in two or more of the following applicable skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests itself before age 18 and has an adverse effect upon the child's educational performance.

Multiple Disabilities (MD) — Concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Procedural Safeguard (PS) — *Whose IDEA Is This? A Resource Guide for Parents*

Orthopedic Impairment (OI) — A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, spina bifida, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

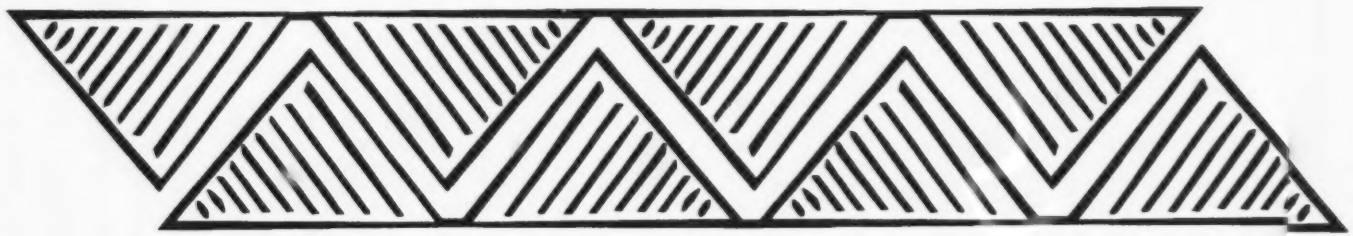
Other Health Impairment (OHI) — Having limited strength, vitality, or alertness, due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit-hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, or sickle cell anemia that adversely affects a child's educational performance.

Specific Learning Disability (SLD) — A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech or Language Impairment (S/L) — A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic Brain Injury (TBI) — An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Visual Impairment (VI) — An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.



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REFERENCES

Sattler,Jerome M. (1990). Assessment of Children, 3rd Ed. San Diego: Jerome M. Sattler

Wechsler, David (1991). WISC-III Manual. San Antonio: Harcourt Brace Jovanovich, Inc.

Kaufman A.S. and Kaufman N. L. (1983). K-ABC Interpretive Manual. Circle Pines, MN: American Auidance Service.

Williams - Byrd, Barbara. Willing and Able: A Resource Guide of Intervention Strategies For Elementary Teachers. Mansfield, OH: North Central Ohio Special Education Regional Resource Center (SERRC).

Understanding Learning Disabilities, A Parent Guide and Workbook pg. 61-64 (1991). Richmond, Virginia: Learning Disabilities Council, Inc.

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